

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/690,458</div>	FILING DATE					
							APPLICANT(S)						
<div style="font-size: 1.2em; font-family: cursive;">876-04</div>							CLAIMS						
BEFORE <small>ADDED</small>		AFTER <small>1st AMENDMENT</small>		AFTER <small>2nd AMENDMENT</small>									
NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.	NO.	IND.	DEP.	NO.	IND.	DEP.	
1	/						51						
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49							99						
50							100						
TOTAL IND.		8					TOTAL IND.						
TOTAL DEP.		29					TOTAL DEP.						
TOTAL CLAIMS		37					TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-74)

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